

Some related Statutes and Orders which prohibit discrimination based upon protected status include:

- Federal Transit Administration Circular 4702.1A
- Section 504 of the Rehabilitation Act of 1973 (Disability)
- Civil Rights Restoration Act of 1987 (No discrimination in entire agency if any part receives federal funds)
- Americans with Disabilities Act of 1990 (Disability)
- Executive Order 12898 of 1994, "Environmental Justice" (low income/minority status)
- Executive Order 13166 of 2000, "Limited English Proficiency"
- Uniform Relocation Assistance and Real Property Acquisition Policies of 1970
- Montana Human Rights Act, Title 49, Chapter 2, Montana Code Annotated (1974, prohibits discrimination in specific areas based on race, creed, religion, color, national origin, age, physical or mental handicap, marital status or sex.)



Some of the programs and services offered by MDT:

Title VI-Related Hyperlinks

Title VI Contract Attachment

http://www.mdt.mt.gov/publications/docs/forms/dbe/title_vi_party.pdf

Title VI Interpreters List

<http://www.mdt.mt.gov/other/civilrights/external/interpreters-list.pdf>

Title VI Complaint Form

<http://www.mdt.mt.gov/publications/docs/forms/dbe/vicomplaint.pdf>

Title VI Public Meeting Form

http://www.mdt.mt.gov/other/civilrights/external/title_vi_public_hearing_form.pdf

FHWA-1273 - Required Construction Federal-Aid Contract Provisions

<http://www.mdt.mt.gov/other/csd/external/forms/pdf/fhwa-1273.pdf>

Executive Order 12898, **Environmental Justice**

- Identify disproportionate impacts of human health or environmental effects on minority or low-income populations

Executive Order 13166, **Limited English Proficiency**

- Meaningful access to all federally-assisted programs and activities by persons with Limited English Proficiency (LEP)

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Non-Discrimination

**at the
Montana Department
of Transportation**



**Title VI
of the Civil Rights Act
of 1964 states:**

"... no person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance based on race, color, or national origin."

**Revised August 2008
Montana Dept. of Transportation**



“*Discrimination*” means different impact/treatment based upon a protected status.

Government agencies, contractors, and others who receive federal program dollars are required to ensure non-discrimination in all programs and activities.

If you believe discrimination is occurring in any of MDT’s programs and services, please contact:

Civil Rights Bureau
2701 Prospect Avenue
PO Box 201001
Helena, MT 59620-1001

Voice: (406) 444-6331

TTY: (800) 335-7592 or (406) 444-7696

Fax: (406) 444-7685

Website:

<http://www.mdt.mt.gov/business/contracting/civil/titlevi.shtml>

Title VI

Protected Status Includes:

FHWA - Federal Highway Administration

FTA - Federal Transit Administration

FAA - Federal Aviation Administration

• Race	FHWA, FTA, FAA
• Color	FHWA, FTA, FAA
• National Origin	FHWA, FTA, FAA
• Sex	FHWA, FAA
• Creed	FAA
• Low Income Status	FHWA, FTA, FAA
• Disability	FHWA, FTA, FAA
• Age	FHWA
• Religion	FHWA

MDT attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program, or activity of the Department.

Alternative accessible formats of this document will be provided upon request.

For further information, call (406) 444-6331, or TTY (800) 335-7592 or Montana Relay at 711.

Title VI Complaint Form - Must file within 180 days of incident.

Montana Department of Transportation, Civil Rights Bureau, 2701 Prospect Avenue, PO Box 201001, Helena, MT 59620-1001

Fax: (406) 444-7685 Voice: (406) 444-6331 TTY: (800) 335-7592 or Montana Relay at 711

Information will remain confidential except for necessary release for investigative purposes.

1) The complaint involves: ☐ Highway funds/projects ☐ Transit funds/projects ☐ Aeronautics funds/projects

☐ Race ☐ Sex (FHWA-FAA) ☐ Color ☐ Creed (FAA Only)

2) Indicate basis of complaint: ☐ Low Income Status ☐ Disability ☐ Age (FHWA) ☐ Religion (FHWA)

☐ National Origin (refers to parental country of origin) ☐ Retaliation

3) Indicate why you believe discrimination has taken place. 4) Please provide dates, times, witness names, addresses, and telephone numbers. 5) Explain what kind of resolution you believe is appropriate. Use additional sheets of paper if needed.

Printed Name:

Date:

Address:

City:

State:

Zip:

Signature:

Phone Number:

----- Cut or tear along the dotted line and mail to Civil Rights Bureau, PO Box 201001, Helena, MT 59620-1001 -----